

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039108  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1800

FILED OCT 30 1963

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN WILLIAMSVILLE	
Length of stay in 1b 1 DAY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) -----	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BENJAMINE FRANKLIN PHILLIPS			4. DATE OF DEATH Month Day Year OCTOBER 4, 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-21-34	9. AGE (last birthday) 29	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
11. BIRTHPLACE (City and state or country) WILLIAMSVILLE, MO.			12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME BURLOW PHILLIPS		13b. MOTHER'S MAIDEN NAME LENA COPELAND		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES KOREAN CONFLICT		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEVERE BRAIN INJURY		INTERVAL BETWEEN ONSET AND DEATH ---	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) MULTIPLE OTHER INJURIES TO THE HEAD	
		DUE TO (c) -----	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident
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20c. TIME OF DEATH Hour Minute 12:15 PM	Month, Day, Year 10-4-63
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway A, Wayne Co.	20f. CITY, TOWN, OR LOCATION Highway A, Wayne Co. near Williamsville, Mo	COUNTY Wayne	STATE Missouri
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21. I attended the deceased from 3AM 10-4-63 to 10-4-63 and last saw him on 10-4-63	
Death occurred at 10:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) M.V. MALINOSKI, M.D., Act. Chief, Surg. Svc.	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 10-23-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-6-63	23c. NAME OF CEMETERY OR CREMATORY Miller Creek (Williamsville)	23d. LOCATION (City, town, or county) (State) Williams t.w.p. Wayne Co. Mo.
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24. FUNERAL DIRECTOR Gish Funeral Home	ADDRESS 321 N. Main Piedmont, Mo.	25. DATE RECD. BY LOCAL REG. 10/28/1963	26. REGISTRAR'S SIGNATURE Thelma Graham
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
10128  
21110  
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125-0  
131-0

AT-50-105

8861 1 3 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Marven E. Boudier

Licensed Embalmer No.

4426

P. O. Address

Bedford, Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.